



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 1, 2019

Mr. Charles Erickson, Manager
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464-9591

Dear Mr. Erickson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 17, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2018
NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite relicensing survey was conducted by the Division of Licensing and Protection on 12/17/18. The following are regulatory findings.	R100		
R134 SS-B	V. RESIDENT CARE AND HOME SERVICES 3.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home completed the Resident Assessment before the date of moving in for 2 of 3 residents (#1, #2). Findings include: 1. Per record review, Resident #1 moved into the home on 3/31/17. The initial admission assessment showed a date of 1/11/17, and was signed by the nurse in both January and 3/31/17. The manager of the home confirmed that the move-in date was 3/31/17. 2. Resident #2 had a move-in date of 8/15/18. The Resident Assessment completed for admission was dated 7/25/18. Per interview on 12/17/18 at 2:20 PM, the Manager of the home confirmed the move in	R134	Assessment was performed by RN with original assessment form on the second day of admission of resident to facility but was not documented as performed. See new protocol attached.	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

DVVK11

Reconciliation sheet 1 of 4

R134 - R180 POC accepted 1/30/19 K Campos RN/PME

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/17/2018
NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R134	Continued From page 1 dates. The manager confirmed that the state program that covers the cost of their care in the home requires an assessment completed prior to admission to determine whether they are eligible to receive that service, however the manager and Registered Nurse were not aware that the assessment must at least be reviewed and updated as necessary after the resident has moved into the home, and the date of the assessment must be after they have arrived at the home.	R134	Assessment of any new resident to River-view shall be performed no later than 7 days of admission, and policy attached.	
R146 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the Registered nurse failed to provide instruction and supervision to direct care staff regarding procedures for managing a feeding tube for 1 applicable resident (Resident #3). Findings include: Per record review, Resident #3 has resided at the home for 12 years, and was admitted with a feeding tube to sustain nutritional needs. The resident takes no food or medications by mouth. Per multiple observation of staff administration of formula feedings and medications, it was noted that they were not checking for correct placement of the feeding tube in the stomach by auscultation	R146	See attached protocol for managing feeding tube + feedings.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/17/2018
NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R146	Continued From page 2 method or by pulling back on a syringe to check for stomach fluids. Staff were directed to stop the feeding or med administration if the fluid was not infusing by gravity, and to call the nurse. Per review of the plan of care, there is a specific intervention listed "Tube placement is checked before administration of feedings and medications". The staff interviewed were not trained in a method to check for placement before administering, and the Registered Nurse confirmed that the staff had not been shown how to check for placement of the feeding tube by auscultation of air or aspiration of stomach contents methods. The RN also confirmed that the resident's plan of care was not being followed as written for this intervention.	R146	See attached Procedure guidelines for verifying placement of feeding tube before administering any food or medication.	
R180 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, staff education inservices were not consistently documented for 5 of 5 direct care staff reviewed. Findings include: Per review of five randomly chosen employee files, the staff inservices were not clearly documented to show that all staff had received training annually in the required areas. Per	R180	Training schedules and meetings are outlined, and documented for current year of educational required hours. Training hours are documented on the day they were held by RN for individual or group. Sample educational info sheet attached.	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/17/2018
NAME OF PROVIDER OR SUPPLIER RIVERVIEW LIFE SKILLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R180	Continued From page 3 interview with the Registered Nurse, the topics covered at staff meeting were not always clearly documented with staff sign in sheets, or that the topic covered was not credited to the staff attending as part of their annual inservicing. Although the RN was able to show a record of monthly trainings and education materials given to staff, the employees training records did not always indicate that a specific staff person received the training. Over the course of the afternoon of survey, the nurse was able to fill in most of the missing required trainings for the individual staff persons reviewed from the staff meeting notes and other documentation. Per interview on 12/17/18, the RN confirmed that the education records were not up to date to clearly show documentation that all staff had received the required annual trainings.	R180		


01/02/2019


Riverview Life Skill Center

Admission: Policy Protocol and Procedure

Any new resident who is admitted to Riverview requires a doctor's authorization and referral, including physician's diagnosis and orders. An admission assessment shall be completed no later than 14 days after the resident's admission. The assessment must be consistent with physician's diagnosis.

The resident's abilities regarding medication management must be assessed within 24 hours of resident's admission and nursing delegation implemented at this time if necessary.

Administrator: 

Carl Erickson: 

Charles Erickson: 

Nurse:

December 19, 2018

Protocol and Procedure for Bolus feedings for

All feedings and medications are to be administered through his feeding tube. Placement of his feeding tube has to be confirmed prior to all fluids given through his tube.

First attach a 60cc syringe to the feeding tube, make sure the plunger is in the syringe. Do not pull on the feeding tube. Gentle draw back on the plunger to withdraw stomach contents. The content can be clear or milky depending if he digested his prior feeding.

Do not throw away the fluid in the syringe, put the fluid back in to the stomach since it contains electrolytes and enzymes that the body needs.

Important signs that may indicate that the feeding tube has moved or dislodged are:

- If you see no stomach content in the tube or syringe.

- Coughing that is continuous and new

- Problems of catching his breath

- Nausea and vomiting

- Abdominal pain

- Tube feeding formula in his saliva

- Bloating which may indicate that feeding is in the abdominal Cavity.

Monitor signs of extreme discomfort carefully and report any of Signs immediately to the physician.

Call MD immediately. 802-644-5114 If after hours dial 3 for

Answering service for doctor on call. In the event of change in condition call 911

Marion Perry RN

Riverview Life Skill Center

January 6, 2019

In service educational hours

In order to meet the 12 hour educational requirement by the state of Vermont we will meet 1-2 times every month, and as necessary to provide education important to provide resident care.

Core requirements outlined by the state of Vermont are the basics to be able to care for residents in our facility. Anyone who is working here at Riverview has to comply and to attend all meetings in order to receive credit. In any case of absence, I will meet with you individually as necessary.

Other subjects necessary to provide good care to our residents will be posted 1week prior to our meetings.

All caregivers who attend these meetings will be given credit for the time allowed.

Quizzes will be part of these meetings. I will meet individually with you if you have any questions. Credits will be received and documented immediately after each subject is completed.

All caregivers are required to attend.

Thank you everyone.

Marion Perry RN